10240462

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

OHIO PUBLIC SAFETY

LOCAL REPORT # * 10-025589

CRASH SEVERITY: 3 (1 FATAL 3 PDO 2 INJURY 4 UNKNOWN)

PRIVATE PROPERTY: "X" IF YES

HIT/SKIP: 1 (1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED)

PHOTOS TAKEN: "X" IF YES — X

OH-2	OH-3	OH-1P	OTHER
X	X		X

2008 AUG 28 PM 4:03

N.C.I.C. # * OHP89

REPORTING AGENCY * Ohio State Highway Patrol

JURISDICTION 01

UNIT IN ERROR 01 (98 = ANIMAL 99 = UNKNOWN)

DATE OF CRASH * 06/16/2008

TIME OF CRASH 1509

DAY OF WEEK MON

CITY * | VILLAGE * | TWP * X

NAME (OF CITY, VILLAGE OR TOWNSHIP) * Jefferson

COUNTY # * 86

LATITUDE 41:36:31.72

LONGITUDE 84:30:37.35

CRASH OCCURRED ON

PREFIX | CRASH LOCATION: IR0080

TYPE LOC: 3

TYPE LOCATION POINT USED: 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE

LOCATION REFERENCE

AT REFERENCE

DIST REFERENCE: .4M | DIR: E | PREFIX | REFERENCE: 15

REF POINT: 06

REFERENCE POINT USED: 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME W/O REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE

Motorist/Non-Motorist

A

UNIT # 01 | # OF OCC. 01 | NAME (LAST, FIRST, MIDDLE) [redacted]

ADDRESS (STREET, CITY, STATE, ZIP CODE) [redacted] West Unity, Ohio [redacted]

SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
			M	[redacted]	

DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
OH	[redacted]	OH	[redacted]			

(1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN)

OWNER NAME (IF SAME, WRITE "SAME") [redacted] | ADDRESS (STREET, CITY, STATE, ZIP CODE) [redacted] Cleveland, Ohio [redacted]

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
1998	DODG	Ram 1500 (pickup)	MAR/MAR	Scottsdale Insurance Company	Hutch's	[redacted]

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE? "X" IF YES

B

UNIT # | # OF OCC. | NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #

DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO

(1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN)

OWNER NAME (IF SAME, WRITE "SAME") | ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE? "X" IF YES

Occupant

C

UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE) | INJURED TAKEN BY (1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN) | TRANSPORTED BY | INJURED TAKEN TO

D

UNIT # | NAME (LAST, FIRST, MIDDLE) | HOME PHONE # | DATE OF BIRTH | AGE | SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE) | INJURED TAKEN BY (1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN) | TRANSPORTED BY | INJURED TAKEN TO

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
A: 01	A: 04	A: 1	A: 2	A: 1	A: 1	A: 1
B:	B:	B:	B:	B:	B:	B:
C:	C:	C:	C:	C:	C:	C:
D:	D: 24	D:	D:	D:	D:	D:

SEATING POSITION: 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN — BLANK FOR WITNESS

SAFETY EQUIPMENT: MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN; NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN

AIR BAG: 1 NOT DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN

AIR BAG SWITCH: 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN

EJECTION: 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN

TRAPPED: 1 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN

INJURIES: 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN

SUPPLEMENT * "X" IF YES

UNIT NUMBERS

A: 0 1 | B:

NON-MOTORIST LOCATION

A: | B:

01 MARKED CROSSWALK AT INTERSECTION
02 INTERSECTION/ NO CROSSWALK
03 NON-INTERSECTION CROSSWALK
04 DRIVEWAY ACCESS CROSSWALK
05 IN ROADWAY
06 NOT IN ROADWAY
07 MEDIAN (BUT NOT SHOULDER)
08 ISLAND
09 SHOULDER
10 SIDEWALK
11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
13 OUTSIDE TRAFFICWAY
14 SHARED PATHS OR TRAILS
15 UNKNOWN

TYPE OF UNIT

A: 0 7 | B:

MOTORIST
01 SUB-COMPACT
02 COMPACT
03 MID SIZE
04 FULL SIZE
05 MINIVAN
06 SPORT UTILITY VEHICLE
07 PICKUP
08 PANEL/VAN
09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES
10 SINGLE UNIT TRUCK; 3+ AXLES
11 TRUCK/TRAILER
12 TRUCK TRACTOR (BOBTAIL)
13 TRACTOR/SEMI-TRAILER
14 TRACTOR/DOUBLE SHORT
15 TRACTOR/DOUBLE LONG
16 FIFTH WHEEL OR CONVERTER DOLLY
17 TRACTOR/TRIPLES
18 MOTORCYCLE
19 MOTORIZED BICYCLE
20 SCHOOL BUS
21 CHURCH BUS
22 PUBLIC BUS
23 OTHER BUS
24 POLICE VEHICLE
25 FIRE TRUCK
26 AMBULANCE/RESCUE
27 TAXI
28 MOTOR HOME
29 TRAIN
30 FARM VEHICLE
31 FARM EQUIPMENT
32 SNOWMOBILE
33 CONSTRUCTION EQUIPMENT
34 ALL OTHERS
NON-MOTORIST
35 ANIMAL RIDER
36 ANIMAL W/BUGGY
37 BICYCLE
38 PEDESTRIAN
39 PEDALCYCLIST
40 SKATER
41 OTHER-NON MOTORIST
42 UNKNOWN

IN EMERGENCY RESPONSE

A: | B:

1 NO
2 YES
3 UNKNOWN

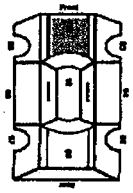
DAMAGE SCALE

A: 4 | B:

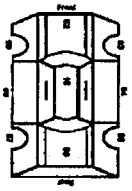
1 NONE
2 NON-FUNCTIONAL DAMAGE
3 FUNCTIONAL DAMAGE
4 DISABLING DAMAGE
5 SEVERE
6 UNKNOWN

DAMAGE AREA

A



B



MOST DAMAGED AREA

A: 1 1 | B:

01 NONE
02 CENTER FRONT
03 RIGHT FRONT
04 RIGHT SIDE
05 RIGHT REAR
06 REAR CENTER
07 LEFT REAR
08 LEFT SIDE
09 LEFT FRONT
10 TOP AND WINDOWS
11 UNDERCARRIAGE
12 LOAD/TRAILER
13 TOTAL (ALL AREAS)
14 OTHER
15 UNKNOWN

POINT OF IMPACT

A: 1 1 | B:

01 NONE
02 CENTER FRONT
03 RIGHT FRONT
04 RIGHT SIDE
05 RIGHT REAR
06 REAR CENTER
07 LEFT REAR
08 LEFT SIDE
09 LEFT FRONT
10 TOP AND WINDOWS
11 UNDERCARRIAGE
12 LOAD/TRAILER
13 TOTAL (ALL AREAS)
14 OTHER
15 UNKNOWN

ACTION

A: 3 | B:

1 NON-CONTACT
2 NON-COLLISION
3 STRIKING
4 STRUCK
5 BOTH STRIKING AND STRUCK
6 UNKNOWN

STRIKING VEHICLE: OVERRIDE/ UNDERRIDE

A: 1 | B:

1 NO UNDERRIDE OR OVERRIDE
2 UNDERRIDE, COMPARTMENT INTRUSION
3 UNDERRIDE, NO COMPARTMENT INTRUSION
4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN
5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT
6 OVERRIDE OTHER VEHICLE
7 UNKNOWN

PRE-CRASH ACTIONS

A: 0 1 | B:

MOTORIST
01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
02 BACKING
03 CHANGING LANES
04 OVERTAKING/PASSING
05 TURNING RIGHT
06 TURNING LEFT
07 MAKING U-TURN
08 ENTERING TRAFFIC LANE
09 LEAVING TRAFFIC LANE
10 PARKED
11 SLOWING/STOPPED IN TRAFFIC
12 DRIVERLESS
13 OTHER
14 UNKNOWN
NON-MOTORIST
15 ENTERING/CROSSING IN SPECIFIED LOCATION
16 WALKING, RUNNING, JOGGING PLAYING, CYCLING
17 WORKING
18 PUSHING VEHICLE
19 APPROACHING/LEAVING VEHICLE
20 PLAYING/WORKING ON VEHICLE
21 STANDING
22 OTHER
23 UNKNOWN

CONTRIBUTING CIRCUMSTANCES

A: 1 9 | B:

MOTORIST
01 NONE
02 FAILURE TO YIELD
03 RAN RED LIGHT, OR STOP SIGN
04 EXCEEDED SPEED LIMIT
05 UNSAFE SPEED
06 IMPROPER TURN
07 LEFT OF CENTER
08 FOLLOWED TOO CLOSELY/ACDA
09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING
10 IMPROPER BACKING
11 IMPROPER START FROM PARKED POSITION
12 STOPPED OR PARKED ILLEGALLY
13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER
14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT NON-MOTORIST IN ROADWAY, ETC)
15 FAILURE TO CONTROL
16 VISION OBSTRUCTION
17 DRIVER INATTENTION
18 FATIGUE/ASLEEP
19 OPERATING DEFECTIVE EQUIPMENT
20 LOAD SHIFTING/FALLING/SPILLING
21 OTHER IMPROPER ACTION
22 UNKNOWN
NON-MOTORIST
23 NONE
24 IMPROPER CROSSING
25 DARTING
26 LYING AND/OR ILLEGALLY IN ROADWAY
27 FAILURE TO YIELD RIGHT OF WAY
28 NOT VISIBLE (DARK CLOTHING)
29 INATTENTIVE
30 FAILURE TO OBEY TRAFFIC SIGN, SIGNALS, OR OFFICER
31 WRONG SIDE OF ROAD
32 OTHER
33 UNKNOWN

VEHICLE DEFECT
CODE ONLY IF "19" SELECTED ABOVE

A: 1 1 | B:

01 TURN SIGNALS
02 HEAD LAMPS
03 TAIL LAMPS
04 BRAKES
05 STEERING
06 TIRE BLOWOUT
07 WORN OR SLICK TIRES
08 TRAILER EQUIPMENT DEFECTIVE
09 MOTOR TROUBLE
10 DISABLED FROM PRIOR CRASH
11 OTHER DEFECTS

SEQUENCE OF EVENTS

A	B
0 6 (1)	(1)
0 9 (2)	(2)
4 0 (3)	(3)
(4)	(4)

NON-COLLISION
01 OVERTURN/ROLLOVER
02 FIRE/EXPLOSION
03 IMMERSION
04 JACKKNIFE
05 CARGO/EQUIPMENT LOSS/SHIFT
06 EQUIPMENT FAILURE
07 SEPARATION OF UNITS
08 RAN OFF ROAD RIGHT
09 RAN OFF ROAD LEFT
10 CROSS MEDIAN/CENTERLINE
11 DOWNHILL RUNAWAY
12 OTHER NON-COLLISION
13 UNKNOWN NON-COLLISION
COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED
14 PEDESTRIAN
15 PEDALCYCLE
16 RAILWAY VEHICLE
17 ANIMAL - FARM
18 ANIMAL - DEER
19 ANIMAL - OTHER
20 MOTOR VEHICLE IN TRANSPORT
21 PARKED MOTOR VEHICLE
22 WORK ZONE MAINTENANCE EQUIPMENT
23 OTHER MOVABLE OBJECT
24 UNKNOWN MOVABLE OBJECT
COLLISION WITH FIXED OBJECT
25 IMPACT ATTENUATOR/CRASH CUSHION
26 BRIDGE OVERHEAD STRUCTURE
27 BRIDGE PIER OR ABUTMENT
28 BRIDGE PARAPET
29 BRIDGE RAIL
30 GUARDRAIL FACE
31 GUARDRAIL END
32 MEDIAN BARRIER
33 HIGHWAY TRAFFIC SIGN POST
34 OVERHEAD SIGN POST
35 LIGHT/LUMINARIES SUPPORT
36 UTILITY POLE
37 OTHER POST, POLE OR SUPPORT
38 CULVERT
39 CURB
40 DITCH
41 EMBANKMENT
42 FENCE
43 MAILBOX
44 TREE
45 OTHER FIXED OBJECT
46 WORK ZONE MAINTENANCE EQUIPMENT
47 UNKNOWN FIXED OBJECT
48 OTHER
49 UNKNOWN

FIRST HARMFUL EVENT

A: 1 | B:

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT

A: 1 | B:

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED

A: 1 | B:

1 STATED
2 ESTIMATED SPEED

SPEED

A: 6 0 | B:

POSTED SPEED

A: 6 5 | B:

TRAFFIC CONTROL

A: 1 2 | B:

01 NO CONTROLS
02 STOP SIGN
03 YIELD SIGN
04 TRAFFIC SIGNAL
05 TRAFFIC FLASHERS
06 SCHOOL ZONE
07 RAILROAD CROSSBUCKS
08 RAILROAD FLASHERS
09 RAILROAD GATES
10 CONSTRUCTION BARRICADE
11 POLICE OFFICER
12 PAVEMENT MARKINGS
13 CROSSWALK LINES
14 WALK/DON'T WALK SIGNAL
15 TRAFFIC CONTROL DEVICE INOPERATIVE MISSING, OBSCURED
16 OTHER

DIRECTION

FROM	TO	FROM	TO
A: 3	4	B:	

1 NORTH
2 SOUTH
3 EAST
4 WEST
5 NORTHEAST
6 NORTHWEST
7 SOUTHEAST
8 SOUTHWEST
9 UNKNOWN

CONDITION

A: 1 | B:

1 APPARENTLY NORMAL
2 PHYSICAL IMPAIRMENT
3 EMOTIONAL
4 ILLNESS
5 FELL ASLEEP, FAINTED, FATIGUE, ETC
6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
7 OTHER
8 UNKNOWN

ALCOHOL/DRUG SUSPECTED

A: 1 | B:

1 NONE
2 YES - ALCOHOL SUSPECTED
3 YES - HBD NOT IMPAIRED
4 YES - DRUGS SUSPECTED
5 YES - ALCOHOL/DRUGS SUSPECTED
6 UNKNOWN

ALCOHOL TEST STATUS

A: 1 | B:

1 NONE
2 TEST REFUSED
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
4 TEST GIVEN, RESULTS KNOWN
5 TEST GIVEN, RESULTS UNKNOWN
6 UNKNOWN

ALCOHOL TEST TYPE

A: 1 | B:

1 NONE
2 BLOOD
3 URINE
4 BREATH
5 OTHER

ALCOHOL TEST RESULT

A: | B:

DRUG TEST STATUS

A: 1 | B:

1 NONE
2 TEST REFUSED
3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE
4 TEST GIVEN, RESULTS KNOWN
5 TEST GIVEN, RESULTS UNKNOWN
6 UNKNOWN

DRUG TEST TYPE

A: 1 | B:

1 NONE
2 BLOOD
3 URINE
4 OTHER

DRUG TEST 1&2 RESULT

A		B	
1 (1)	1 (2)	(1)	(2)

1 NONE
2 MARIJUANA
3 COCAINE
4 OPIATES
5 AMPHETAMINES
6 PCP
7 OTHER
8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION

0 1

01 NOT AN INTERSECTION
02 FOUR-WAY INTERSECTION
03 T-INTERSECTION
04 Y-INTERSECTION
05 TRAFFIC CIRCLE/ROUNDABOUT
06 FIVE-POINT, OR MORE
07 ON RAMP
08 OFF RAMP
09 CROSSOVER
10 DRIVEWAY/ACCESS
11 RAILWAY GRADE CROSSING
12 SHARED-USE PATHS OR TRAILS
13 UNKNOWN

OCCURRENCE

1

1 ON ROADWAY
2 ON SHOULDER
3 IN MEDIAN
4 ON ROADSIDE
5 ON GORE
6 OUTSIDE TRAFFICWAY
7 UNKNOWN

ROAD CONTOUR

1

1 STRAIGHT LEVEL
2 STRAIGHT GRADE
3 CURVE LEVEL
4 CURVE GRADE

ROAD CONDITION

PRIMARY	SECONDARY
0 1	

01 DRY
02 WET
03 SNOW
04 ICE
05 SAND, MUD, DIRT, OIL, GRAVEL
06 WATER (STANDING, MOVING)
07 SLUSH
08 DEBRIS **
09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT **
10 OTHER
11 UNKNOWN

**SECONDARY ROAD CONDITIONS ONLY

SUPPLEMENT * 'X' IF YES

LOCAL REPORT # *: 10-0255-89

TOP COPY - ODPS BOTTOM COPY - AGENCY

Narrative

Unit # 1 was westbound on the Ohio Turnpike in the right lane when the front left wheel separated from the vehicle. Unit # 1 continued off the left side of the road into the median and struck a ditch.

MANNER OF COLLISION OR IMPACT: 1

1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
2 REAR-END
3 HEAD-ON
4 REAR-TO-REAR
5 BACKING
6 ANGLE
7 SIDESWIPE, SAME DIRECTION
8 SIDESWIPE, OPPOSITE DIRECTION
9 UNKNOWN

WEATHER: 01

01 CLEAR
02 CLOUDY
03 FOG, SMOG, SMOKE
04 RAIN
05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
06 SNOW
07 SEVERE CROSSWINDS
08 BLOWING SAND, SOIL, DIRT, SNOW
09 OTHER
10 UNKNOWN

LIGHT CONDITIONS: PRIMARY: 1 SECONDARY:

1 DAYLIGHT
2 DAWN
3 DUSK
4 DARK - LIGHTED ROADWAY
5 DARK - NOT LIGHTED
6 DARK - UNKNOWN LIGHTING
7 GLARE
8 OTHER
9 UNKNOWN

SCHOOL BUS RELATED: 1

1 NO
2 YES, DIRECTLY INVOLVED
3 YES, INDIRECTLY INVOLVED
4 UNKNOWN

WORK ZONE RELATED: 1

1 NO
2 YES
3 UNKNOWN

TYPE OF WORK ZONE:

1 LANE CLOSURE
2 LANE SHIFT/CROSSOVER
3 WORK ON SHOULDER OR MEDIAN
4 INTERMITTENT/MOVING WORK
5 OTHER

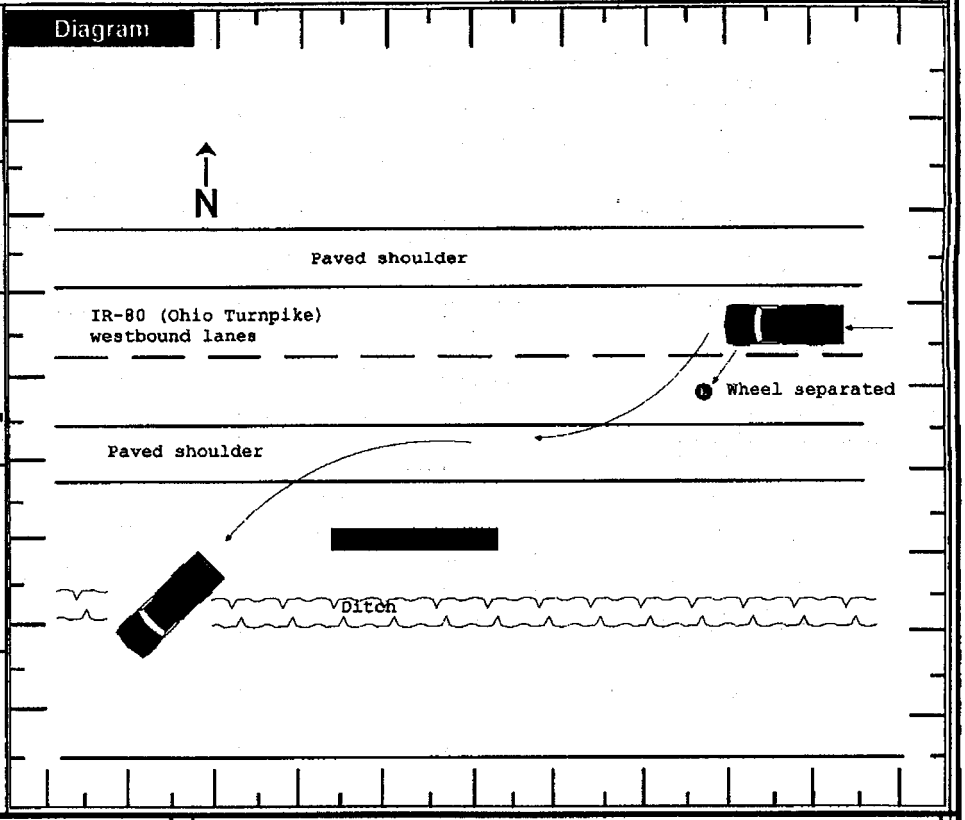
LOCATION OF CRASH IN WORK ZONE:

1 BEFORE FIRST WORK ZONE WARNING SIGN
2 ADVANCE WARNING AREA
3 TRANSITION AREA
4 ACTIVITY AREA

WORKERS PRESENT:

1 NO
2 YES
3 UNKNOWN

Diagram



Truck/Bus

UNIT #

THE CRASH **INVOLVED** ONE OR MORE OF THE FOLLOWING:
A TRUCK (MOTOR VEHICLE) WITH A **GVWR** MORE THAN **10,000** POUNDS; OR
A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

AND

THE CRASH **RESULTED** IN ONE OR MORE OF THE FOLLOWING:
A FATALITY; OR
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER IT'S OWN POWER.

COMPANY (FROM SHIPPING PAPERS) | COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT | ICC MC | PUCO | TRAILER LP ST. | TRAILER LP YEAR | TRAILER LP # | PLACARD # | # DIA.

CARGO BODY TYPE:

01 NOT APPLICABLE
02 BUS (9-15 INCLUDING DRIVER)
03 VAN/ENCLOSED BOX
04 GRAIN/CHIPS/GRAVEL
05 POLE
06 CARGO TANK
07 FLATBED
08 DUMP
09 CONCRETE MIXER
10 AUTO TRANSPORTER
11 GARBAGE/REFUSE
12 OTHER
13 UNKNOWN

WEIGHT (GVWR):
1 LESS/EQUAL 10,000
2 10,001 - 26,000
3 MORE THAN 26,000

CDL CLASS:
1 CLASS A
2 CLASS B
3 CLASS C
4 CLASS M
5 CLASS D

HAZARDOUS MATERIALS PLACARD:
1 NO
2 YES
3 UNKNOWN

HAZARDOUS MATERIALS RELEASED:
1 NO
2 YES
3 NOT APPLICABLE
4 UNKNOWN

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
06162008	1511	1511	1511	1636	45	0130

OFFICER'S NAME*: Ashenfelter, Robert
BADGE #*: 0529
CHECKED BY: CWLAMBERTS
DATE REPORT FILED*: 06172008

REPORT TAKEN BY: 1 (1 POLICE AGENCY, 2 MOTORIST)
REPORT TAKEN AT: 1 (1 SCENE, 2 STATION, 3 OTHER)
SUPPLEMENT (*"X" IF YES):
LOCAL REPORT # *: 10-0255-89

TOP COPY - OOPS BOTTOM COPY - AGENCY

1511 1511

25

OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO STATE HIGHWAY PATROL

VEHICLE INVENTORY/CUSTODY REPORT

Page 1 of 1

Initial Court Date ___/___/___

REPORT#	DATE	TIME	LOCATION
10-0255-89	06-16-2008	1515	TP mp 15.4 EB

VYR	VMA	VMO	VST	VCO	ODOMETER
1998	DODGE	RAM 1500	P/U	MAROON	104254

VIN 3B7HF13Z2WG[redacted] LIC [redacted] STATE OH

DRIVER LAST NAME [redacted] DRIVER FIRST NAME [redacted] MI R WORK# [redacted]

A[redacted] WEST UNITY, OH [redacted] HOME# [redacted]

OWNER [redacted] WORK# [redacted]

[redacted] Cleveland OH [redacted] HOME# [redacted]

REASONS FOR CUSTODY
- ☐ Pretrial Retention
- ☐ # ____ OVI
- ☐ DUS
- ☐ Wrongful Entrustment
- ☐ Forfeiture Eligibility
- ☐ Abandoned – Hazardous
- ☐ Abandoned – 48 hours
- ☐ Evidence
- ☐ Felony
- ☒ Crash
- ☐ Other ____

- ☐ Rent/Lease over 30 days
- ☐ Rent/Lease to 30 days – Notify Within 24 hours
- ☐ Owner unverified
- ☐ Borrowed

LOCATION
P1 -Front Pass.
P2 -Rear Pass.
G -Glove Box
T -Trunk/Cargo
E -Engine

☐ AM ☐ AM/FM
☐ Cass/AM/FM ☒ CD/AM/FM
☐ Radar Detect ☐ Laser Detect
☐ CB ☐ C. Phone
___/___ # Cassettes/CDs

2 Total Keys
2 Key-Ignition
___ Key-Trunk
___ Key-Gascap
___ Key-Wheels
___ # Hubcaps

FUEL: E ½ F (●)

CIRCLE DAMAGE

Est. Value $ 4500
Condition WRECKED
Seats Wheels
Glass Antenna
Undercarriage
☒ Photos ☐ Driveable

LOC	INVENTORY/REMARKS	LOC	INVENTORY/REMARKS
G	MAINT. BOOK		
	TOUCH UP PAINT		
	WIRING HARNESS		
T	FLOOR MATS (2)		

Report By [signature] U-529 6/16/08 Time 1535
Witness ____ ___/___/___ Time ____
Tow By Hutch's Loc. ____

Supervisor [signature] U- [redacted]
☐ Owner Request
(Tow service acknowledges vehicle Inventory)

RELEASE OF PROPERTY
☐ Plates X ____ SIGNATURE ___/___/___ Time - ____ U - ____
☐ Vehicle X ____ SIGNATURE ___/___/___ Time - ____ U - ____

CONDITIONS FOR RELEASE ☐ HP-60 Needed

VEHICLE IMMOBILIZATION ☐ Pre-Trial Retention ☐ Court-Ordered (Order Received ___/___/___ Time ____) ☐ BMV-Ordered
___/___/___ Time ____ Location ____ Device # ____ U - ____
Immobilization Device Removed ___/___/___ Time ____ U - ____
Plates Impounded ___/___/___ Time ____ ☐ Plates Mailed to BMV ___/___/___

TIV # ____ ___/___/___ U - ____
Canceled ___/___/___ U - ____

SHERIFF NOTIFIED ____ ___/___/___ Time ____ U - ____ Msg # ____

OWNER NOTIFIED [redacted] 06/16/08 Time 1600 U - 529 PS [redacted]

FOLLOW-UP
____ NIF ____ NIF
____ NIF ____ NIF
Letter Sent ___/___/___

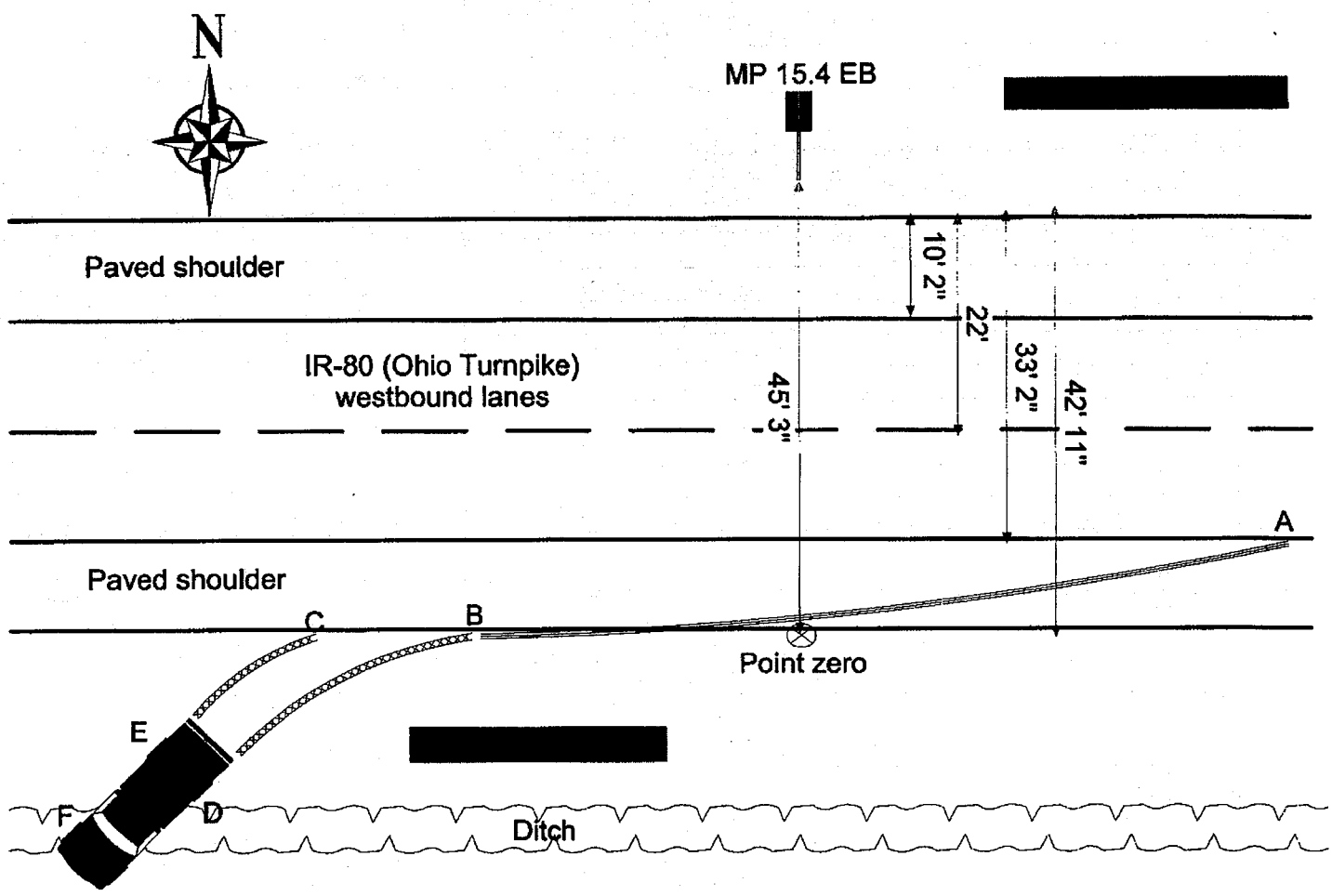
Post Copy–White Wrecker Copy–Canary Owner/Driver Copy–Pink

HP 25D OHP 1567 9/07

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF ACCIDENT
10-0255-89	Ohio State Highway Patrol	06/16/2008
IN COUNTY OF	ACCIDENT LOCATION	
Williams	IR0080	



OFFICERS SIGNATURE: TDR. ASHENFELTER

BADGE NO.: 0529

HSY 7002

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION OH-2 (REV. 1/82)

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF ACCIDENT
10-0255-89	Ohio State Highway Patrol	06/16/2008
IN COUNTY OF	ACCIDENT LOCATION	
Williams	IR0080	

The reference point (RP) is Mile Post 15.4 Eastbound
X = Point Zero
Point Zero is 45.3 feet south of RP

	F/0	F/E	Description
A	385e	9.2n	Start of pavement scrape from left front hub assembly
B	117w	0	End pavement scrape from left front hub assembly off roadway
C	165w	0	Start right front furrow in grass median / RF leaves roadway
D	197w	22s	Left rear tire final rest
E	200w	17.4s	Right rear tire final rest
F	207w	21.2s	Right front tire final rest

The vehicle was being transported to:
MDAA, LLC d/b/a
The Montpelier Auto Auction of Ohio LLC
14125 CR M50
Montpelier, Ohio 43543
(419) 485-3101

The vehicle was bearing Ohio Registration [redacted] registered to MDAA, LLC
VIN: 3B7HF13Y2WG[redacted]
Mileage on the 1998 Dodge Ram 1500 pick-up at the scene was: 104254

Insurance information provided is as follows:
Scottsdale Insurance Company
Policy Number: [redacted]
Robinson-Adams Insurance, Inc
P.O. Box 530510
Birmingham, AL 35253
(205) 877-4500

Inspection of the front hub assembly on the truck appears to have one of the five studs broken off and three others appeared to have just lost lug nuts. One of the studs was not observed.

Ohio Turnpike pavement and grass median damage:
Ohio Turnpike Commission
684 Prospect St.
Berea, Ohio 44109
(440) 234-2096

OFFICERS SIGNATURE	BADGE NO.
TPR. ASHENFELTER	0529

HSY 7002

OH-3

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
10-0255-89	State Highway Patrol	M 06 D 16 Y 08

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, [redacted] (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TPR. R. Ashenfelter (OFFICER'S NAME) AT Scene (LOCATION)

I was driving in the west bound lane about 60 mph when it felt like a tire went flat and pulled me into the left lane then the wheel came off and I was pulled to the median.

I was driving for Montpelier Auto Auction transferring a Ram Pick up from Metro Toyota in Cleveland.

I was traveling with seat belt latched no one else was with me. I am not hurt.

Q: What lane were you in? A: Right lane

Q: Where were you traveling to? A: Montpelier Auto Auction

Q: Did you hit anything else with the vehicle?

A: No, just missed a car.

ADDRESS OF WITNESS [redacted] West Unity, OH [redacted] PHONE [redacted]

SIGNATURE OF WITNESS
X [redacted]

OFFICER'S SIGNATURE
X TPR R Ashenfelter

HSY 7003 4/07